



May 29, 2008

Vickie L. Prather
Acting Supervisor, Inventory and Data Management Section
Kentucky Department for Environmental Protection
Frankfort Office Park
14 Reilly Road
Frankfort, KY 40601



**Re: KPDES Permit Renewal Application for the Kingsford Manufacturing
Company Burnside, Kentucky Facility
KPDES No. KY0003522**

Dear Ms. Prather:

Kingsford Manufacturing Company (KMC) is submitting three (3) copies of the KPDES permit renewal application for our charcoal manufacturing plant in Burnside, Pulaski County, Kentucky. The application is being submitted 6 months prior to the permit expiration date of November 30, 2008. Also included is a check in the amount of \$640.00 for the application fee.

If you have any questions or require any additional information regarding the permit application, please do not hesitate to contact myself or Mr. Eric Haag, Plant Engineering Manager, at (606) 561-4151.

Sincerely,

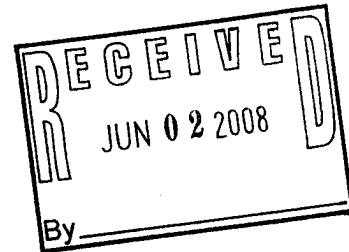
A handwritten signature in black ink, appearing to read "Robert Massey".

Robert Massey
Environmental Coordinator

cc: Eric Haag – KMC
Mike Young – KMC

*Burnside Plant
9500 South Highway 27
P.O. Box 487
Burnside, KY
42519*

(606) 561-4151
FAX: (606) 561-6351



**KPDES RENEWAL APPLICATION
KPDES PERMIT KY0003522**

**KINGSFORD MANUFACTURING COMPANY
BURNSIDE, PULASKI COUNTY, KENTUCKY**

MAY 2008

**Smith Management Group
1405 Mercer Road
Lexington, Kentucky 40511
859-231-8936**

**KINGSFORD MANUFACTURING COMPANY
9500 SOUTH HIGHWAY 27
BURNSIDE, PULASKI COUNTY, KENTUCKY
KPDES PERMIT NO. KY0003522**

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**KINGSFORD MANUFACTURING COMPANY
9500 SOUTH HIGHWAY 27
BURNSIDE, PULASKI COUNTY, KENTUCKY
KPDES PERMIT NO. KY0003522**

INTRODUCTION

1.0 General Information

The Kingsford Manufacturing Company (Kingsford) facility located at 9500 South Highway 27, Burnside, Pulaski County, Kentucky is shown in **Figure 1, Site Location Map**. The facility is located on a 64-acre plot on the east side of Highway 27, south of Burnside. The facility is included in the Standard Industrial Classification (SIC) Code for Gum and Wood Chemicals, SIC Code 2861. Mr. Robert Massey is the site contact for environmental issues.

2.0 Existing Operations

The facility produces charcoal for the retail consumer. Kingsford receives raw materials such as sawdust, limestone, starch, sodium nitrate, char and other carbonaceous materials. The materials are processed, mixed, formed and bagged for consumer use. Some of the briquets are treated with lighter fluid to make the solvent treated briquets. A more detailed process description is included in **Attachment A, Process Description**.

The site is shown, including roadways, buildings, storage areas, and manufacturing equipment on **Figure 2, Site Layout**. Throughout the property, a storm water collection system exists with numerous curb box inlets and catch basins. The system collects the storm water from the manufacturing and storage areas. All the storm water from the manufacturing area is discharged to the containment basin, settling pond, and discharged through Outfall 001.

The facility obtains water from the Southeast Water Association for potable water uses. The wastewater generated at the facility is treated by an on-site aeration treatment plant, and discharged via Outfall 002 to the settling pond.

Kingsford maintains a water withdrawal permit to remove up to 500,000 gallons per day from the South Fork of the Cumberland River (Lake Cumberland). The average actual water withdrawal amount has been approximately 270,000 gallons per day.

In addition to Outfalls 001 and 002, Kingsford maintains four storm water outfalls at the site.

Outfalls 003 and 004 are located on the southeast corner of the property. These outfalls convey storm water from production/processing areas.

Outfalls 005 and 006 are located on the southwest side of the property. These two outfalls convey storm water from near the three warehouses to the west toward Highway 27.

3.0 Wastewater Generation From Site Operations

A water flow diagram, **Figure 3, Water Balance**, has been developed for the facility which contains the water sources and the wastewater streams at the site. Kingsford operates a boiler for process steam. The boiler blowdown and steam-heat condensate are discharged to the wastewater treatment system. Also, the facility frequently washes down and cleans around the manufacturing equipment. The washdown water and other wastewater streams are collected in a storm water collection system and discharged to the wastewater treatment system.

The wastewater treatment system includes a containment pond and a settling pond prior to discharge through Outfall 001.

The containment pond is designed to remove heavy solids and floatable materials. At normal wastewater flow rates, the containment pond has approximately four days of retention time.

A settling pond follows the containment pond. The pond includes a skimmer boom to capture floatable materials and an oil absorbent boom for collection of any residual oil. The normal retention time in the settling pond is thirteen to eighteen days, giving the system a normal holding time of seventeen to twenty-two days.

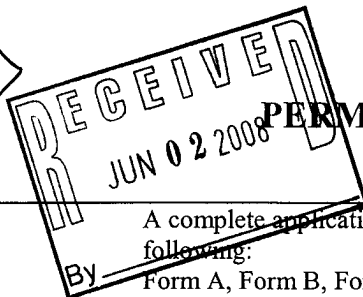
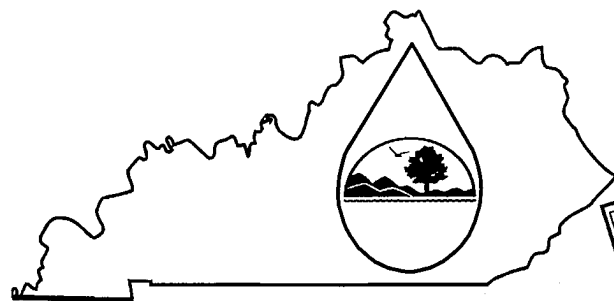
4.0 Analytical Data

To most accurately reflect the existing discharge, the analytical data shown in Form C and Form F of this application includes the discharge monitoring data for the calendar years 2005 through 2007.

KPDES FORM 1

AI 3816

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0003522
A. Name of business, municipality, company, etc. requesting permit Kingsford Manufacturing Company			
B. Facility Name and Location		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.	
Facility Location Name: Kingsford Manufacturing Company		Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Robert Massey	
Facility Location Address (i.e. street, road, etc., not PO Box): 9500 South Highway 27		Mailing Address: P.O. Box 487	
Facility Location City, State, Zip Code: Burnside, KY 42519		Mailing City, State, Zip Code: Burnside, KY 42519	
		Facility Contact Telephone Number: 606-561-4151	

II. FACILITY DESCRIPTION			
A. Provide a brief description of activities, products, etc: See Attachment A			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:	2861 - Gum and Wood Chemicals		
Other SIC Codes:			

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Pulaski	City where facility is located (if applicable): Burnside
C. Body of water receiving discharge: Unnamed Tributary to the South Fork Cumberland River	
D. Facility Site Latitude (degrees, minutes, seconds): 36-58-12	Facility Site Longitude (degrees, minutes, seconds): 84-35-05
E. Method used to obtain latitude & longitude (see instructions): USGS Topographic Map	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 020437760	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

SEE ATTACHMENT B FOR OPERATOR INFORMATION

Telephone Number:

Operator Mailing Address (Street):

Operator Mailing Address (City, State, Zip Code):

Is the operator also the owner?

Yes ☐ No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0003522

Issue Date of Current Permit:

January 1, 2005

Expiration Date of Current Permit:

November 30, 2008

Number of Times Permit Reissued:

Several

Date of Original Permit Issuance:

Unknown

Sludge Disposal Permit Number:

NA

Kentucky DOW Operational Permit #:

NA

Kentucky DSMRE Permit Number(s):

NA

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	SEE ATTACHMENT C	
Solid or Special Waste	SEE ATTACHMENT C	
Hazardous Waste - Registration or Permit	SEE ATTACHMENT C	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

Tom Burkenpas

DMR Official Telephone Number:

606-561-4151

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

Robert Massey

DMR Mailing Address:

P.O. Box 487

DMR Mailing City, State, Zip Code:

Burnside, KY 42519

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Filing Fee Enclosed:

Major Industry

\$640.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

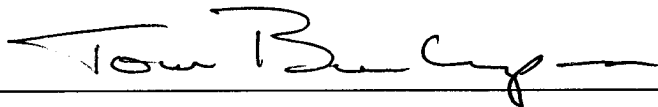
TELEPHONE NUMBER (area code and number):

Mr. ☒ Ms. ☐ Tom Burkenpas, Plant Manager

606-561-4151

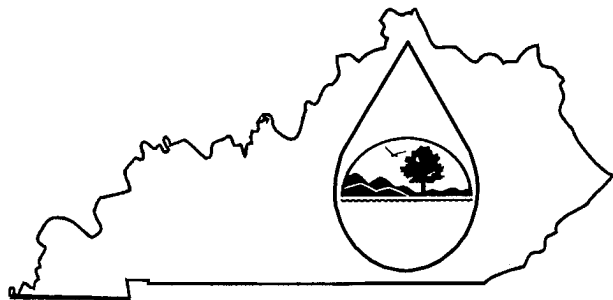
SIGNATURE

DATE:



5/28/2008

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Kingsford Manufacturing Company				County: Pulaski			
I. OUTFALL LOCATION				AGENCY USE			
For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.							
Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	36	58	14	84	35	18	UT to South Fork Cumberland
002	36	58	15	84	35	16	to Settling Pond, Outfall 001

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
001	Washdown Water	21,299 GPD	Settling	1-U
	Equipment Sealing/Cooling	60,999 GPD	Settling	1-U
	Boiler Blowdown	1,000 GPD	Settling	1-U
	Heating Condensate	18,563 GPD	Settling	1-U
	Storm Water	30,000 GPD	Settling	1-U
	Discharge from Outfall 002	5,800 GPD	Settling	1-U
002	Sanitary WWTP Discharge	5,800 GPD	Aeration, Settling	3-A, 1-U, 5-F
			Chlorination	

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.)

☒ No (Go to Section III.)

OUTFALL NUMBER	OPERATIONS CONTRIBUTING FLOW	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	
(list)	(list)							

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (Complete Item III-B) List effluent guideline category: **40 cfr 454, Subpart A**

☐ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C)

☒ No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table)

☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
NA			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐

Yes (List all such pollutants below)

☒

No (Go to Item VI-B)

--

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐

Yes (Complete Item VI-C)

☒

No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

--

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below)

☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

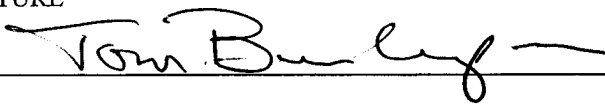
☐ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)

☐ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
SEE ATTACHMENT D			

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Tom Burkenpas, Plant Manager	TELEPHONE NUMBER (area code and number): (606) 561-4151
SIGNATURE 	DATE 5/28/2008

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)										OUTFALL NO. 001		
Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.												
1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
	Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
a. Biochemical Oxygen Demand (BOD)	29				7		35	mg/l				
b. Chemical Oxygen Demand (COD)	35						1	mg/l				
c. Total Organic Carbon (TOC)	9.7						1	mg/l				
d. Total Suspended Solids (TSS)	38				13		35	mg/l				
e. Ammonia (as N)	<1						1	mg/l				
f. Flow (in units of MGD)	VALUE	0.2784	VALUE		VALUE	0.0543	35		MGD	VALUE		
g. Temperature (winter)	VALUE	23.9	VALUE		VALUE	12.7	16		°c	VALUE		
h. Temperature (summer)	VALUE	28.9	VALUE		VALUE	22.2	17		°c	VALUE		
i. pH	MINIMUM 6.0	MAXIMUM 8.9	MINIMUM	MAXIMUM			35		STANDARD UNITS			

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		6. INTAKE (optional)			
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Bromide (24959-67-9)		x												
b. Bromine Total Residual		x												
c. Chloride		x												
d. Chlorine, Total Residual	x		1.2						1	mg/l				
e. Color	x		12						1	ADMI color				
f. Fecal Coliform	x		100 colonies						9	# per 100 ml				
g. Fluoride (16984-48-8)		x												
h. Hardness (as CaCO ₃)		x												
i. Nitrate - Nitrite (as N)	x		5.32					1.24	18	mg/l				
j. Nitrogen, Total Organic (as N)		x												
k. Oil and Grease	x		2					2	35	mg/l				
l. Phosphorous (as P), Total 7723-14-0		x												
m. Radioactivity														
(1) Alpha, Total		x												
(2) Beta, Total		x												
(3) Radium Total		x												
(4) Radium, 226, Total		x												

Part B - Continued												
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)	
	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day		c. Long-Term Avg.		d. No. of Analyses	a. Concentration	b. Mass	b. No. of Analyses
			Maximum Daily Value (1)	Concentration Mass	Value (if available) (1)	Concentration Mass	Value (if available) (1)	Concentration Mass				
n. Sulfate (as SO ₄) (14808-79-8)		x										
o. Sulfide (as S)		x										
p. Sulfite (as SO ₃) (14286-46-3)		x										
q. Surfactants		x										
r. Aluminum, Total (7429-90)		x										
s. Barium, Total (7440-39-3)		x										
t. Boron, Total (7440-42-8)		x										
u. Cobalt, Total (7440-48-4)		x										
v. Iron, Total (7439-89-6)		x										
w. Magnesium Total (7439-96-4)		x										
x. Molybdenum Total (7439-98-7)		x										
y. Manganese, Total (7439-96-6)		x										
z. Tin, Total (7440-31-5)		x										
aa. Titanium, Total (7440-32-6)		x										

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X" in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part, please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium Total (7440-41-7)			X												
4M. Cadmium Total (7440-43-9)			X												
5M. Chromium Total (7440-43-9)			X												
6M. Copper Total (7550-50-8)			X												
7M. Lead Total (7439-92-1)		X		<0.002						1	mg/l				
8M. Mercury Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-28-0)			X												

Part C - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)				
	a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day		c. Long-Term Avg.		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses	
				Maximum Daily Value (1)	Concentration (2)	Value (if available) (1)	Concentration (2)	Value (if available) (1)	Concentration (2)				Long-Term Avg Value (1)	Concentration (2)		
METALS, CYANIDE AND TOTAL PHENOLS (Continued)																
12M. Thallium, Total (7440-28-0)			X													
13M. Zinc, Total (7440-66-6)			X													
14M. Cyanide, Total (57-12-5)			X													
15M. Phenols, Total		X		0.43				0.08		12	mg/l					
DIOXIN																
2,3,7,8 Tetra- chlorodibenzo, P, Dioxin (1784-01-6)			X	DESCRIBE RESULTS:												
GC/MS FRACTION - VOLATILE COMPOUNDS																
1V. Acrolein (107-02-8)			X													
2V. Acrylonitrile (107-13-1)			X													
3V. Benzene (71-43-2)			X													
5V. Bromoform (75-25-2)			X													
6V. Carbon Tetrachloride (56-23-5)			X													
7V. Chloro- benzene (108-90-7)			X													
8V. Chlorodibromo- methane (124-48-1)			X													

Part C - Continued													
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)	
	a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day		c. Long-Term Avg.		d. No. of Analyses	a. Concentration	b. Mass	b. No. of Analyses
				Maximum Daily Value (1)	Concentration (2)	Value (if available) (1)	Mass (2)	Value (if available) (1)	Mass (2)				
9V. Chloroethane (74-00-3)			x										
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			x										
11V. Chloroform (67-66-3)			x										
12V. Dichloro- bromomethane (75-71-8)			x										
14V. 1,1- Dichloroethane (75-34-3)			x										
15V. 1,2- Dichloroethane (107-06-2)			x										
16V. 1,1- Dichloroethylene (75-35-4)			x										
17V. 1,2-Di- chloropropane (78-87-5)			x										
18V. 1,3- Dichloropro- pylene (452-75-6)			x										
19V. Ethyl- benzene (100-41-4)			x										
20V. Methyl Bromide (74-83-9)			x										

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses	
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
21V. Methyl Chloride (74-87-3)			x													
22V. Methylene Chloride (75-00-2)			x													
23V. 1,1,2,2- Tetrachloro- ethane (79-34-5)			x													
24V. Tetrachloro- ethylene (127-18-4)			x													
25V. Toluene (108-88-3)			x													
26V. 1,2-Trans- Dichloro- ethylene (156-60-5)			x													
27V. 1,1,1-Trifluoro- chloroethane (71-55-6)			x													
28V. 1,1,2-Trifluoro- chloroethane (79-00-5)			x													
29V. Trichloro- ethylene (79-01-6)			x													
30V. Vinyl Chloride (75-01-4)			x													

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chloro-phenol (95-57-8)			x												
2A. 2,4-Dichlor-Orophenol (120-83-2)			x												
3A. 2,4-Dimeth-ylphenol (105-67-9)			x												
4A. 4,6-Dinitro-o-cresol (534-52-1)			x												
5A. 2,4-Dinitro-phenol (51-28-5)			x												
6A. 2-Nitro-phenol (88-75-5)			x												
7A. 4-Nitro-phenol (100-02-7)			x												
8A. P-chloro-m-cresol (59-50-7)			x												
9A. Pentachloro-phenol (87-88-5)			x												
10A. Phenol (108-05-2)			x												
11A. 2,4,6-Tri-chlorophenol (88-06-2)			x												
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acena-phthene (83-32-9)			x												

Part C - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acena- phyene (208-96-8)			x												
3B. Anthra- cene (120-12-7)			x												
4B. Benzidine (92-87-5)			x												
5B. Benzo(a)- anthracene (56-55-3)			x												
6B. Benzo(a)- pyrene (50-32-8)			x												
7B. 3,4-Benzo- fluoranthene (205-99-2)			x												
8B. Benzo(ghi) perylene (191-24-2)			x												
9B. Benzo(k)- fluoranthene (207-08-9)			x												
10B. Bis(2- chlor- oethoxy)- methane (111-91-1)			x												
11B. Bis (2-chlor- oisopropyl)- Ether			x												
12B. Bis (2-ethyl- hexyl)- phthalate (117-81-7)			x												

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day		c. Long-Term Avg.		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses
				Maximum Daily Value (1)	Mass (2)	Value (if available) (1)	Mass (2)	Value (if available) (1)	Mass (2)				Long-Term Avg Value (1)	Mass (2)	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)			X												
14B. Butyl-benzyl phthalate (85-68-7)			X												
15B. 2-Chloro-naphthalene (7005-72-3)			X												
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)			X												
17B. Chrysene (218-01-9)			X												
18B. Dibenzo-(a,h) Anthracene (53-70-3)			X												
19B. 1,2-Dichloro-benzene (95-50-1)			X												
20B. 1,3-Dichloro-Benzene (541-73-1)			X												
21B. 1,4-Dichloro-benzene (106-46-7)			X												
22B. 3,3-Dichloro-benzidine (91-94-1)			X												
23B. Diethyl Phthalate (84-66-2)			X												

Part C - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (Continued)																
24B. Dimethyl Phthalate (131-11-3)			x													
25B. Di-N- butyl Phthalate (84-74-2)			x													
26B. 2,4-Dinitro- toluene (121-14-2)			x													
27B. 2,6-Dinitro- toluene (606-20-2)			x													
28B. Di-n-octyl Phthalate (117-84-0)			x													
29B. 1,2- diphenyl- hydrazine (as azonbenzene) (122-66-7)			x													
30B. Fluoranthene (208-44-0)			x													
31B. Fluorene (86-73-7)			x													
32B. Hexachloro- benzene (118-71-1)			x													
33B. Hexachloro- butadiene (87-68-3)			x													
34B. Hexachloro- cyclopenta- diene (77-47-4)			x													

Part C - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day		c. Long-Term Avg.		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses	
				Maximum Daily Value (1)	Value (2)	Value (if available) (1)	Mass (2)	Value (if available) (1)	Mass (2)				Long-Term Avg Value (1)	Value (2)		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)																
35B. Hexachloroethane (67-72-1)			X													
36B. Indeno-(1,2,3-oc)-Pyrene (193-39-5)			X													
37B. Isophorone (78-59-1)			X													
38B. Naphthalene (91-20-3)			X													
39B. Nitrobenzene (98-95-3)			X													
40B. N-Nitrosodimethylamine (62-75-9)			X													
41B. N-nitrosodi-n-propylamine (621-64-7)			X													
42B. N-nitrosodiphenylamine (86-30-6)			X													
43B. Phenanthrene (85-01-8)			X													
44B. Pyrene (129-00-0)			X													
45B. 1,2,4 Tri-chlorobenzene (120-82-1)			X													

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses		
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass								
GC/MS FRACTION – PESTICIDES																	
1P. Aldrin (309-00-2)			X														
2P. α-BHC (319-84-6)			X														
3P. β-BHC (58-89-9)			X														
4P. gamma-BHC (58-89-9)			X														
5P. δ-BHC (319-86-8)			X														
6P. Chlordane (57-74-9)			X														
7P. 4,4'-DDT (50-29-3)			X														
8P. 4,4'-DDE (72-55-9)			X														
9P. 4,4'-DDD (72-54-8)			X														
10P. Dieldrin (60-57-1)			X														
11P. α- Endosulfan (115-29-7)			X														
12P. β- Endosulfan (115-29-7)			X														
13P. Endosulfan Sulfate (1031-07-8)			X														
14P. Endrin (72-20-8)			X														

Part C - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)			X												
16P Heptachlor (76-44-8)			X												
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)											OUTFALL NO. 002	
Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.												
1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)	13				3.67		12	mg/l				
b. Chemical Oxygen Demand (COD)	24						1	mg/l				
c. Total Organic Carbon (TOC)	7.7						1	mg/l				
d. Total Suspended Solids (TSS)	9				4.75		12	mg/l				
e. Ammonia (as N)	<1				<1		2	mg/l				
f. Flow (in units of MGD)	VALUE	0.0058	VALUE		VALUE	0.0058	12		MGD	VALUE		
g. Temperature (winter)	VALUE	29	VALUE		VALUE	19.75	4		°c	VALUE		
h. Temperature (summer)	VALUE	29	VALUE		VALUE	19.5	4		°c	VALUE		
i. pH	MINIMUM 6.7	MAXIMUM 7.6	MINIMUM	MAXIMUM			12	STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		6. INTAKE (optional)			
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Bromide (24959-67-9)		X												
b. Bromine Total Residual			X											
c. Chloride			X											
d. Chlorine, Total Residual		X		0.1					1	mg/l				
e. Color			X											
f. Fecal Coliform		X		80						# per 100 ml				
g. Fluoride (16984-48-8)			X											
h. Hardness (as CaCO ₃)			X											
i. Nitrate - Nitrite (as N)			X											
j. Nitrogen, Total Organic (as N)				X						mg/l				
k. Oil and Grease		X						3.4	18	mg/l				
l. Phosphorous (as P), Total 7723-14-0			X											
m. Radioactivity														
(1) Alpha, Total			X											
(2) Beta, Total				X										
(3) Radium Total				X										
(4) Radium, 226, Total			X											

Part B - Continued														
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT								4. UNITS		5. INTAKE (optional)	
			a.		b. Maximum 30-Day		c. Long-Term Avg.		d.	a.			b.	a.
	a. Believed Present	b. Believed Absent	Maximum Daily Value (1)	Value (2)	Value (if available) (1)	Value (2)	Value (if available) (1)	Value (2)	No. of Analyses		Long-Term Avg. Value (1)	Value (2)		
n. Sulfate (as SO ₄) (14808-79-8)		X												
o. Sulfide (as S)		X												
p. Sulfite (as SO ₃) (14286-46-3)		X												
q. Surfactants		X												
r. Aluminum, Total (7429-90)		X												
s. Barium, Total (7440-39-3)		X												
t. Boron, Total (7440-42-8)		X												
u. Cobalt, Total (7440-48-4)		X												
v. Iron, Total (7439-89-6)		X												
w. Magnesium Total (7439-96-4)		X												
x. Molybdenum Total (7439-98-7)		X												
y. Manganese, Total (7439-96-6)		X												
z. Tin, Total (7440-31-5)		X												
aa. Titanium, Total (7440-32-6)		X												

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X" in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day		c. Long-Term Avg.		d. No. of Analyses	a. Concentration	b. Mass	a.	b.
				Maximum Daily Value (1)	Value (2)	Value (if available) (1)	Value (if available) (2)	Value (if available) (1)	Value (if available) (2)				Long-Term Avg Value (1)	No. of Analyses (2)
METALS, CYANIDE AND TOTAL PHENOLS														
1M. Antimony Total (7440-36-0)			X											
2M. Arsenic, Total (7440-38-2)			X											
3M. Beryllium Total (7440-41-7)			X											
4M. Cadmium Total (7440-43-9)			X											
5M. Chromium Total (7440-43-9)			X											
6M. Copper Total (7550-50-8)			X											
7M. Lead Total (7439-92-1)			X											
8M. Mercury Total (7439-97-6)			X											
9M. Nickel, Total (7440-02-0)			X											
10M. Selenium, Total (7782-49-2)			X											
11M. Silver, Total (7440-28-0)			X											

Part C - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses		
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass			
METALS, CYANIDE AND TOTAL PHENOLS (Continued)																	
12M. Thallium, Total (7440-28-0)			x														
13M. Zinc, Total (7440-66-6)			x														
14M. Cyanide, Total (57-12-5)			x														
15M. Phenols, Total			x														
DIOXIN																	
2,3,7,8 Tetra- chlorodibenzo, P, Dioxin (1784-01-6)			x	DESCRIBE RESULTS:													
GC/MS FRACTION - VOLATILE COMPOUNDS																	
1V. Acrolein (107-02-8)			x														
2V. Acrylonitrile (107-13-1)			x														
3V. Benzene (71-43-2)			x														
5V. Bromoform (75-25-2)			x														
6V. Carbon Tetrachloride (56-23-5)			x														
7V. Chloro- benzene (108-90-7)			x														
8V. Chlorodibro- momethane (124-48-1)			x														

Part C - Continued													
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)	
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) (2)		b. Maximum 30-Day Value (if available) (1) (2)		c. Long-Term Avg. Value (if available) (1) (2)		d. No. of Analyses	a. Concentration	b. Mass	b. No. of Analyses
				Concentration	Mass	Concentration	Mass	Concentration	Mass				
9V. Chloroethane (74-00-3)			X										
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			X										
11V. Chloroform (67-66-3)			X										
12V. Dichloro-bromomethane (75-71-8)			X										
14V. 1,1-Dichloroethane (75-34-3)			X										
15V. 1,2-Dichloroethane (107-06-2)			X										
16V. 1,1-Dichloroethylene (75-35-4)			X										
17V. 1,2-Di-chloropropane (78-87-5)			X										
18V. 1,3-Dichloropro-pylene (452-75-6)			X										
19V. Ethyl-benzene (100-41-4)			X										
20V. Methyl Bromide (74-83-9)			X										

Part C – Continued

1.			2.		3.								4.		5.		
POLLUTANT And CAS NO. (if available)			MARK "X"		EFFLUENT								UNITS		INTAKE (optional)		
a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day		c. Long-Term Avg.		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses			
			Maximum Daily Value (1) Concentration	(2) Mass	Value (if available) (1) Concentration	(2) Mass	Value (if available) (1) Concentration	(2) Mass									
21V. Methyl Chloride (74-87-3)		x															
22V. Methylene Chloride (75-00-2)		x															
23V. 1,1,2,2- Tetrachloro- ethane (79-34-5)		x															
24V. Tetrachloro- ethylene (127-18-4)		x															
25V. Toluene (108-88-3)		x															
26V. 1,2-Trans- Dichloro- ethylene (156-60-5)		x															
27V. 1,1,1-Tr- chloroethane (71-55-6)		x															
28V. 1,1,2-Tr- chloroethane (79-00-5)		x															
29V. Trichloro- ethylene (79-01-6)		x															
30V. Vinyl Chloride (75-01-4)		x															

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)				
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
GC/MS FRACTION – ACID COMPOUNDS																
1A. 2-Chloro-phenol (95-57-8)			X													
2A. 2,4-Dichlor-Orophenol (120-83-2)			X													
3A. 2,4-Dimeth-ylphenol (105-67-9)			X													
4A. 4,6-Dinitro-o-cresol (534-52-1)			X													
5A. 2,4-Dinitro-phenol (51-28-5)			X													
6A. 2-Nitro-phenol (88-75-5)			X													
7A. 4-Nitro-phenol (100-02-7)			X													
8A. P-chloro-m-cresol (59-50-7)			X													
9A. Pentachloro-phenol (87-88-5)			X													
10A. Phenol (108-05-2)			X													
11A. 2,4,6-Tr-chlorophenol (88-06-2)			X													
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS																
1B. Acena-phthene (83-32-9)			X													

Part C - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)	
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acena- phylene (208-96-8)			x												
3B. Anthra- cene (120-12-7)			x												
4B. Benzidine (92-87-5)			x												
5B. Benzo(a)- anthracene (56-55-3)			x												
6B. Benzo(a)- pyrene (50-32-8)			x												
7B. 3,4-Benzo- fluoranthene (205-99-2)			x												
8B. Benzo(ghi) perylene (191-24-2)			x												
9B. Benzo(k)- fluoranthene (207-08-9)			x												
10B. Bis(2- chlor- oethoxy)- methane (111-91-1)			x												
11B. Bis (2-chlor- oisopropyl)- Ether			x												
12B. Bis (2-ethyl- hexyl)- phthalate (117-81-7)			x												

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl ether (101-55-3)			x												
14B. Butyl-benzyl phthalate (85-68-7)			x												
15B. 2-Chloro-naphthalene (7005-72-3)			x												
16B. 4-Chloro-phenyl ether (7005-72-3)			x												
17B. Chrysene (218-01-9)			x												
18B. Dibenz(a,h) Anthracene (53-70-3)			x												
19B. 1,2-Dichloro-benzene (95-50-1)			x												
20B. 1,3-Dichloro-Benzene (541-73-1)			x												
21B. 1,4-Dichloro-benzene (106-46-7)			x												
22B. 3,3-Dichloro-benzidene (91-94-1)			x												
23B. Diethyl Phthalate (84-66-2)			x												

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)			X												
25B. Di-N- butyl Phthalate (84-74-2)			X												
26B. 2,4-Dinitro- toluene (121-14-2)			X												
27B. 2,6-Dinitro- toluene (606-20-2)			X												
28B. Di-n-octyl Phthalate (117-84-0)			X												
29B. 1,2- diphenyl- hydrazine (as azonbenzene) (122-66-7)			X												
30B. Fluoranthene (208-44-0)			X												
31B. Fluorene (86-73-7)			X												
32B. Hexachloro- benzene (118-71-1)			X												
33B. Hexachloro- butadiene (87-68-3)			X												
34B. Hexachloro- cyclopenta- diene (77-47-4)			X												

Part C – Continued

1.		2.		3.						4.		5.		
POLLUTANT And CAS NO. (if available)		MARK "X"		EFFLUENT						UNITS		INTAKE (optional)		
a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day		c. Long-Term Avg.		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses
			Maximum Daily Value (1)	Value (2)	Value (if available) (1)	Value (2)	Concentration (1)	Concentration (2)				Long-Term Avg Value (1)	Mass (2)	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)														
35B. Hexachloroethane (67-72-1)			X											
36B. Indeno-(1,2,3-oc)-Pyrene (193-39-5)			X											
37B. Isophorone (78-59-1)			X											
38B. Naphthalene (91-20-3)			X											
39B. Nitrobenzene (98-95-3)			X											
40B. N-Nitrosodimethylamine (62-75-9)			X											
41B. N-nitrosodi-n-propylamine (621-64-7)			X											
42B. N-nitrosodiphenylamine (86-30-6)			X											
43B. Phenanthrene (85-01-8)			X											
44B. Pyrene (129-00-0)			X											
45B. 1,2,4 Tri-chlorobenzene (120-82-1)			X											

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (58-89-9)			X												
4P. gamma-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α- Endosulfan (115-29-7)			X												
12P. β- Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)															

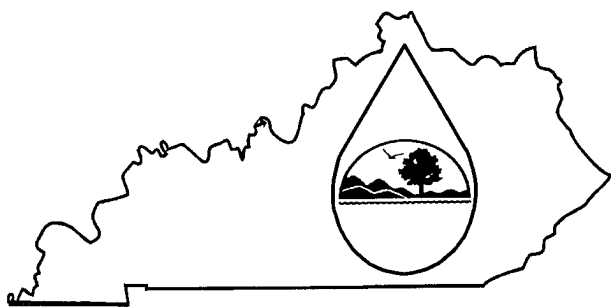
Part C - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

KPDES FORM F

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



A complete application consists of this form and Form 1.
For additional information, Contact KPDES Branch, (502) 564-3410.

I. OUTFALL LOCATION

AGENCY USE

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
001	36	58	14	84	35	18	UT to South Fork Cumberland
003	36	58	11	84	35	01	Sinkhole
004	36	58	10	84	35	01	Sinkhole
005	36	58	08	84	35	04	UT to South Fork Cumberland
006	36	57	59	84	35	12	South Fork Cumberland River

II. IMPROVEMENTS

A. Are you now required by any federal, state, or local authority to meet any implementaiton schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	No.	Source of Discharge		a. req.	b. proj.
NA					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each know past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage of disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
	SEE ATTACHMENT E				

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

SEE ATTACHMENT F

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
	SEE ATTACHMENT G	

V. NON-STORM WATER DISCHARGES

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Tom Burkenpas, Plant Manager		

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Observation of the drainage area and outfalls during dry weather.

VI. SIGNIFICANT LEAKS OR SPILLS

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

None

VII. DISCHARGE INFORMATION

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☐ Yes (list all such pollutants below) ☒ No (go to Section IX)

VIII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below) ☒ No (go to Section IX)

IX. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary).

☐ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
See Attachment D			

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)

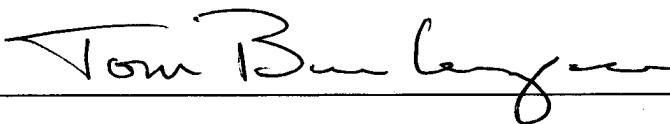
AREA CODE AND PHONE NO.

Mr. ☒ Ms. ☐ Tom Burkenpas

(606) 561-4151

SIGNATURE

DATE SIGNED



5/28/2008

OUTFALL NO: 001 - ALSO SEE DATA IN FORM C

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease		N/A				
Biological Oxygen Demand BOD ₅		ALSO SEE DATA IN FORM C				
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)						
Total Kjeldahl Nitrogen	<1 mg/L				1	
Nitrate plus Nitrite Nitrogen						
Total Phosphorus						
pH	Minimum	Maximum	Minimum	Maximum		

[illegible]

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

DATA SHOWN IN FORM C IS PERIODIC SAMPLING DATA, NOT SAMPLING DATA FROM A STORM EVENT

OUTFALL NO: 003

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease	2.7 mg/l		2.7 mg/L		2	Unknown
Biological Oxygen Demand BOD ₅	20 mg/l				1	Unknown
Chemical Oxygen Demand (COD)	358 mg/l				1	Unknown
Total Suspended Solids (TSS)	35 mg/l		33 mg/L		2	Unknown
Total Kjeldahl Nitrogen	3.30 mg/l				1	Unknown
Nitrate plus Nitrite Nitrogen	0.24 mg/l				1	Unknown
Total Phosphorus	0.19 mg/l				1	Unknown
pH	7.7 Minimum	7.9 Maximum	7.8 Minimum	7.8 Maximum	2	Unknown

[illegible]

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)
No Flow-weighted					

7. Provide a description of the method of flow measurement or estimate.

NA

OUTFALL NO: 004

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease	<2 mg/l		<2 mg/l		2	Unknown
Biological Oxygen Demand BOD ₅	20 mg/l				1	Unknown
Chemical Oxygen Demand (COD)	482 mg/l				1	Unknown
Total Suspended Solids (TSS)	326 mg/l		237 mg/l		2	Unknown
Total Kjeldahl Nitrogen	2.85 mg/l				1	Unknown
Nitrate plus Nitrite Nitrogen	0.34 mg/l				1	Unknown
Total Phosphorus	0.184 mg/l				1	Unknown
pH	7 Minimum	7 Maximum	7 Minimum	7 Maximum	2	Unknown

[illegible]

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

Estimated pipe discharge

OUTFALL NO: 005

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease		N/A				
Biological Oxygen Demand BOD ₅	98 mg/l					
Chemical Oxygen Demand (COD)	12 mg/l					
Total Suspended Solids (TSS)	312 mg/l					
Total Kjeldahl Nitrogen	2.02 mg/l					
Nitrate plus Nitrite Nitrogen	<1.02 mg/l					
Total Phosphorus	0.06 mg/l					
pH	Minimum	Maximum	Minimum	Maximum	1	Storm water runoff

[illegible]

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

OUTFALL NO: 006

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease		N/A				
Biological Oxygen Demand BOD ₅						
Chemical Oxygen Demand (COD)	NO DATA	CURRENTLY	AVAILABLE			
Total Suspended Solids (TSS)	Awaiting a rainfall	event of significant	volume to cause a	discharge from the	Outfall 006	storm basin
Total Kjeldahl Nitrogen						
Nitrate plus Nitrite Nitrogen						
Total Phosphorus						
pH	Minimum	Maximum	Minimum	Maximum		

[illegible]

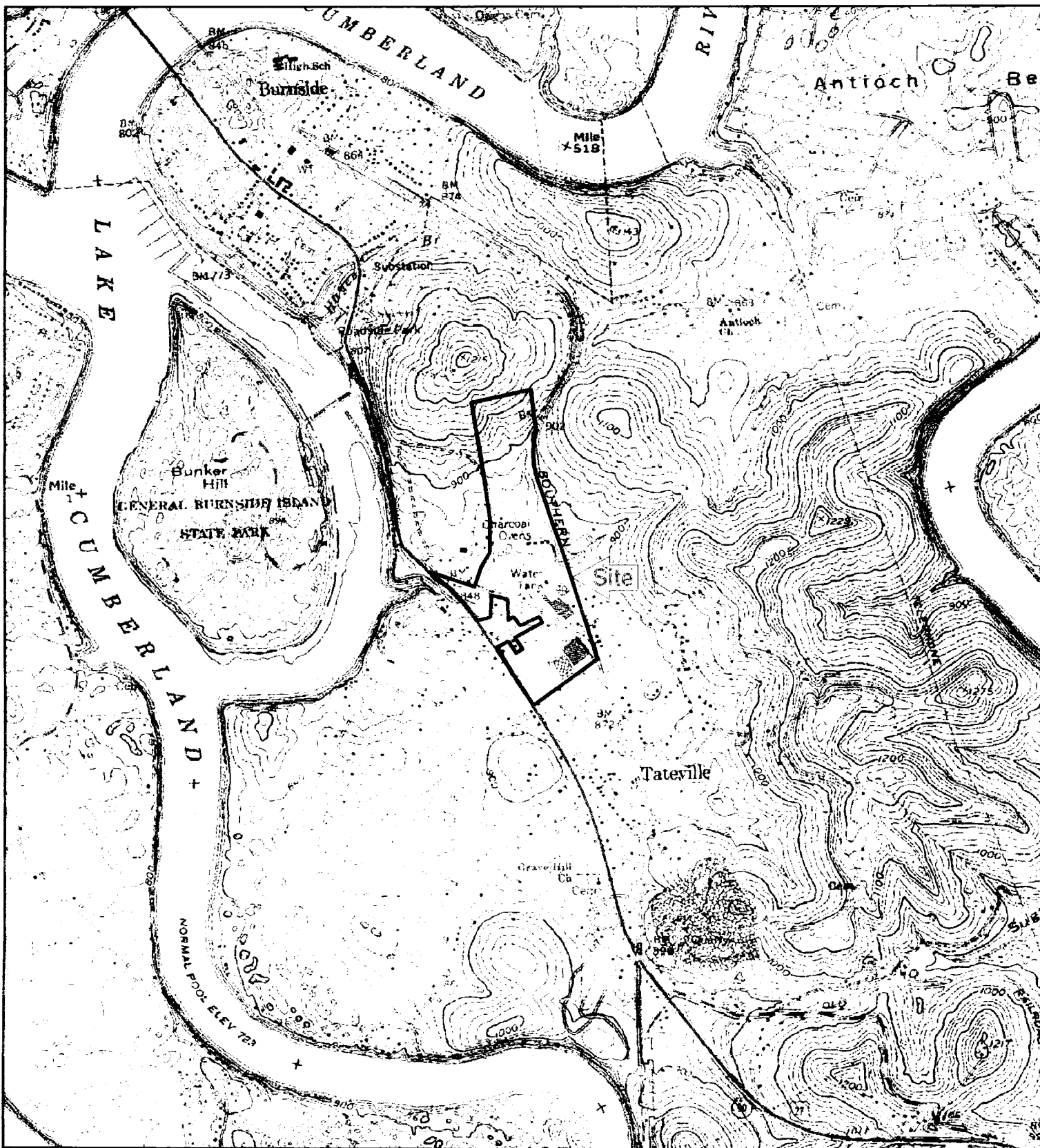
Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

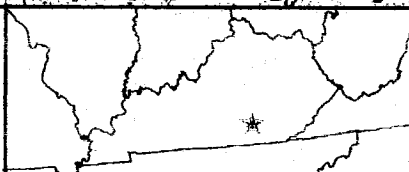
Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.



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DATED: 1965
PHOTOREVISED: 1982

SITE LOCATION MAP

KINGSFORD MANUFACTURING COMPANY
BURNSIDE, PULASKI COUNTY, KENTUCKY

SCALE: 1" = 2000'

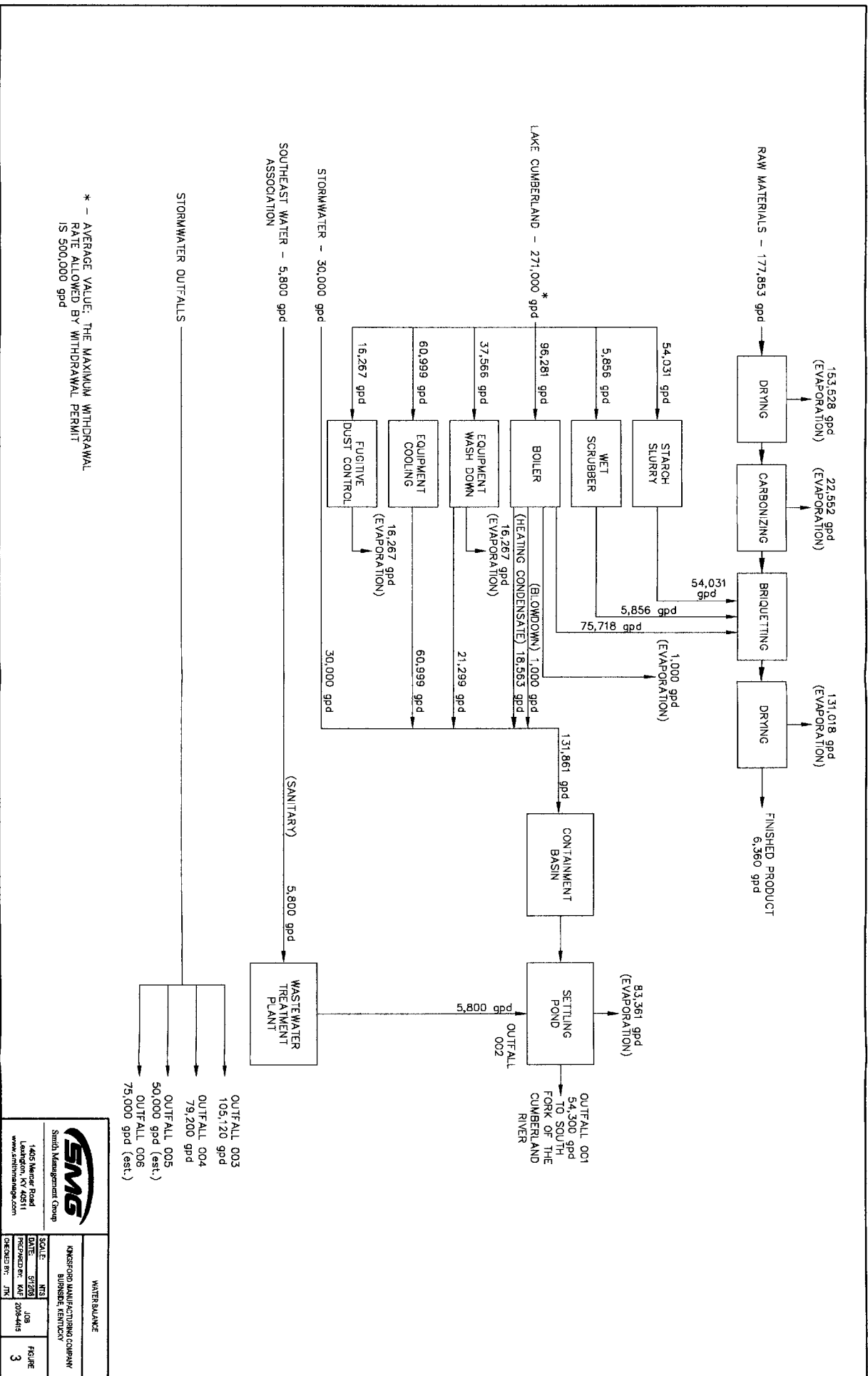
DATE: 3/10/08


DRAWN BY: KAF

CHECKED BY: JTK

JOB:
2008-4415

FIGURE
1



WATER BALANCE			
 Smith Management Group 1405 Manor Road Lexington, KY 40511 www.smithmanagement.com			
ENGINEERED BY	DATE	SCALE	PROJECT
SMG	5/2/20	1"=100'	3
DESIGNED BY	DATE	SCALE	PROJECT
JK	5/2/20	1"=100'	3

ATTACHMENT A

PROCESS DESCRIPTION

Kingsford Manufacturing Company produces charcoal for the retail consumer. Kingsford receives raw materials such as sawdust, limestone, starch, sodium nitrate, borax, char and other carbonaceous materials, and lighter fluid.

The sawdust is received via trucks, unloaded by a truck dump, and stored in storage piles on the northeast portion of the facility. The sawdust is dried in a rotary dryer and sized by screens. The material is then fed to the furnace where the sawdust is heated until it becomes char.

The raw materials such as the limestone, starch, sodium nitrate, borax, char and other carbonaceous materials are received in bulk by railcar and trucks. The material is stored in various silos, bins and sheds prior to use.

The char material is processed in a muller system with the other raw materials. The mixed material is then formed in the briquet operation to form charcoal briquets. The briquets are dried in a dryer, then packaged and shipped.

Some of the briquets are treated with lighter fluid to make the solvent treated briquets. Lighter fluid is also packaged in smaller consumer-sized containers for sale. The lighter fluid is stored in railroad tank cars and tanks prior to use.

ATTACHMENT B

**KPDES FORM 1, SECTION IV B
LIST OF TREATMENT PLANT OPERATORS**

Kingsford Manufacturing Company has two Certified Operators:

Operator Name	Number	Operator Class	Address and Phone Number
Ronnie Decker	8046	Class I	Kingsford Manufacturing Company 9500 South Highway 27 Burnside, Kentucky 42519 (606) 561-4151
Howard Upchurch	7065	Class I	Kingsford Manufacturing Company 9500 South Highway 27 Burnside, Kentucky 42519 (606) 561-4151

ATTACHMENT C
KPDES FORM 1, SECTION V
LIST OF ENVIRONMENTAL PERMITS

In response to Form 1, Section V C., Kingsford Manufacturing Company maintains several other environmental permits as follows:

Air Emission Source	V-03-018 – Revision 3
Solid or Special Waste	NA
Hazardous Waste – Registration or Permit	KYD020437760
Permit to Withdraw Public Water	0740

ATTACHMENT D

**KPDES FORM C, SECTION VIII
LIST OF CONTRACT LABORATORIES**

Kingsford Manufacturing Company has used one contract laboratory for the analytical data incorporated into the application for Outfall 001 through Outfall 006. The laboratory is:

McCoy & McCoy Laboratories
825 Industrial Road
P.O. Box 907
Madisonville, KY 42431
(270) 821-7375

ATTACHMENT E

**KPDES FORM F, SECTION IV A
ESTIMATE OF AREA FOR EACH OUTFALL**

Outfall Number	Area of Impervious Surface (acres)	Total Area Drained (acres)
Outfall 001	5.0	11.5
Outfall 003	0.5	0.9
Outfall 004	0.25	0.25
Outfall 005	2.2	4.3
Outfall 006	3.7	9.1

ATTACHMENT F

KPDES FORM F, SECTION IV B DESCRIPTION OF MATERIALS STORED

Kingsford Manufacturing Company produces charcoal for the retail consumer. Kingsford receives raw materials such as sawdust, limestone, starch, sodium nitrate, borax, char and other carbonaceous materials, and lighter fluid.

The sawdust is received via trucks, unloaded by a truck dump, and stored in storage piles on the northeast portion of the facility. The raw materials such as the limestone, starch, sodium nitrate, char and other carbonaceous materials are received in bulk by railcar and trucks. The material is stored in various silos, bins and sheds prior to use.

The Kingsford facility receives lighter fluid, delivered in railroad tank cars. The lighter fluid is stored in railroad tank cars and tanks prior to use. Some of the briquets are treated with the lighter fluid to make the solvent treated briquets, which are packaged in smaller consumer-sized containers for sale.

ATTACHMENT G

**KPDES FORM F, SECTION IV C
DESCRIPTION OF CONTROL MEASURES AND TREATMENT MEASURES**

Outfall Number	Treatment	Treatment Code
Outfall 001	Boom, Settling	1-U
Outfall 003	NA	NA
Outfall 004	NA	NA
Outfall 005	Settling	1-U
Outfall 006	Settling	1-U